1405-152-0004

FEC FORM 3X

Only

FE6AN026

Rev. 12/2004

				1	TEU I'A Office U	se Only 1
NAME OF COMMITTEE (in f	TYPE OR F	PRINT ¥	Example: If typin over the lines.	g, type	2FE4M5	
INDIANA	REPUBL	ICAN AS	SEMBLY	, ·		Lilli
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>		
ADDRESS (number and	d street)	Box 721	; ·	1111		111111
Check if diffe than previous reported. (AC	sly o	CM GROV	/E		12 461	07-
2. FEC IDENTIFICA	ATION NUMBER •	CITY	A	ST	ATE A	ZIP CODE A
C 0052	2474			iew N) OR	AMENDED (A)	
(a) Quarterly Rep	Rep Due	port U	D (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly July 15 Quarterly October	/ Report (Q1) (c) / Report (Q2) 15 / Report (Q3)	12-Day PRE-Election Report for the:	Primary (12P		General (12G) Special (12S)	Runoff (12R)
January Year-End	31 J Report (YE)	Election	on		**************************************	in the State of
Year Onl	Non-election	30-Day POST-Election Report for the:	General (300	a) []	Runoff (30R)	Special (30S)
(TER)	ин перыс	Election		00/7	****	in the State of
5. Covering Period	camined this Report a	2010	through	oelief it is true	, correct and comple	ete.
Type or Print Name of	f Treasurer	D WIN	IEAR			
Signature of Treasure		nmea	\	Dat	te No'	3 23/4
NOTE: Submission of f	alse, erroneous, or inc	complete information	may subject the pers	son signing this	Report to the penalt	ies of 2 U.S.C. §437g.
LOHICAL	1 1	1	1	. 1	1	

1403 - 132 - 0005

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAR

Report Covering the Period:

From:

07 01

2014

To:

9/30/2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 .	(a) Cash on Hand January 1, ZOIH		170 1000 - 1000
	(b) Cash on Hand at Beginning of Reporting Period	22-17	
	(c) Total Receipts (from Line 19)	180251	477551
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	182463	47727
7.	Total Disbursements (from Line 31)	18 7.05 /	4773 10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		secretarion de la constantina del constantina de la constantina de la constantina de la constantina del constantina de la constantina del constantina del constantina de la constantina del constantina de
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1884375	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name SUPER PAC REPUBLICAN To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16: Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c)).......

(subtract Line 18(c) from Line 19) ▶

132 0006

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tills Period	Calendar Tear-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
٠.	(b) Other Federal Operating		
	Expenditures	1602031	348910
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1920)	249910
22.	Transfers to Affiliated/Other Party		
<u>.</u> .	Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
	(use Schedule E)	100 March	
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
	(doc consider)		
26.	Loan Repayments Made		128400
07	Loone Made	C.	
27. 28.	Loans Made Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	5	
•			
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		the state of the s
	(i) Federal Share		
	والمراب والمناف والمنافض والمنافض والمنافي والمتعارض والمنافض والم		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	62 A 22 A
31	Total Disbursements (add Lines 21(c), 22,		
J1.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1,82051	477310
20	Total Fodoral Dishuras	1	
32.			
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)	12757	The said
	from Line 31)	1	7/15(2)
	•	•	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

ursements

Page **5**

III. Net Contributions/Operating E penditures	x- COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	180251	47757
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120251	477.557
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18205/	3,48910
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	97351	34.8910

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s)

FO	R LINE	NUMBER	: PAGE	<u> </u>	F
(ch	(check only one)				
<	11a	11b	11c	12	-
	13	14	15	16	17

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) NOGUE	BLICON ASSEM	sly super pae
A. Mailing Address Mailing Address Cib C C G COULE FEC ID number of contributing federal political committee. Name of Employer CROWN MARK GROWP Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code 107 Cocupation FINANCE OFFICER Aggregate Year-to-Date 2(000)	Date of Receipt O7 / CC / COLY Amount of Each Receipt this Period
B. Mailing Address City Coult FEC ID number of contributing federal political committee. Name of Employer CANIMARIL GROVE Receipt For: Primary General Other (specify)	State Zip Code (1) C Occupation FUNCE OFFICER Aggregate Year-to-Date 244000	Date of Receipt TOG / LO ZOTY Amount of Each Receipt this Period SYOUN
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State Zip Code 107 C C Cocupation CC CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Date of Receipt OC'SO'ZOCC Amount of Each Receipt this Period
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	Detailed Summary Page	27	28a 28b 28c 29 30b
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or for commercial purposes, other than using the nam	e and address of any political co	ommittee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	1/10-		COER DA
INDIANA REPUBLICA	~ 17>SEMB	4.	What has
Full Name (Last, First, Middle Initial)	···	,	Date of Dishussess
RICK TRADER			Date of Disbursement
			57 14 7514
Mailing Address MAPLE PL			المنافقة الم
DEPTFORD N	Zip Code S8096	_	
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CADIO SHOW			Amount of Each Disbursement this Period
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Senate	Primary General		
, ,	Other (specify) ▼		
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Mailing Address 4027 KENTICKY A City INDIANA-POUS	State Zip Code 2 2	<u>(</u>	· ·
Purpose of Disbursement	. [Amount of Each Disbursement this Period
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Office Sought		Type	1763
Office Sought: House Disbursen	nent For: Primary General		
├ <u>-</u>	Other (specify)		
State: District:			<u></u>
Full Name (Last, First, Middle Initial)			
c. Staples			Date of Disbursement
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Mailing Address E South POR	State, Zip, Code		
100000	State Zip Code 237)	
Purpose of Disbursement SUPPLIES		<u> </u>	American of Fig. 19 District
Candidate Name		ategory'	Amount of Each Disbursement this Period
		ategory/ Type	15.99
Office Sought: House Disbursen	nent For: Primary General		
H ! H	Other (specify)	ļ	
State: District:	▼		
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SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
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/ INDIANA REPUBL	ICAN ASSE	MBLY	SUPER PAC	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
" SHOPPERS WORLD)		1005 / 15 to 1 T	
Mailing Address	7		01 20 1014	
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Carloidate Name		Category/ Type	225	
Office Sought: i House Disbursen	nent For:		with the control of t	
Senate President	Primary General	ļ		
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			· · · · · · · · · · · · · · · · · · ·	
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Mailing Address S SHEZBY ST			The supple 1. 10 th of the supple sup	
INDIAHAPORIS	State Zip Code Ct62	03		
Purpose of Disbursement			Amount of Each Disbursement this Period	
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Category/ Type				
Office Sought: House Disburser				
President	Other (specify)		•	
State: District:				
Full Name (Last, First, Middle Initial)				
C. FIFTH THIRD BAN	IK		Date of Disbursement	
Mailing Address (602 COMMERCE)	OR		2019	
	State N Zip Code 39	3		
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SERVICE EMARGES Candidate Name			Amount of Each Disbursement this Period	
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Senate				
State: District:	Other (specify) ▼			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	llos semenate compania(s)	OR LINE NUMBER: PAGE OF Check only one) 21
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by me and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		IBLY SUPER PAC
A. Full Name (Last, First, Middle Initial) A. Mailing Address Mailing Address Commerce	SANK EDR	Date of Disbursement
City FUNCTS Purpose of Disbursement FUNCTS Candidate Name	State Zin Gode TOOS B	Amount of Each Disbursement this Period tegory/ Type
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SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE N	
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Full Name (Last, First, Middle Initial)			Date of Disbursement
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Senate President	Primary General Other (specify) ▼		•
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City	State Zip Code		The state of the s
Purpose of Disbursement	· · · ·		
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President	Other (speċify) ▼		
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City	State Zip Code		
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Senate	Primary General)
President State: District:	Other (specify)		
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(and page 1 and manual only			man candidant to make this often Open and Townsons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

			
IAME OF COMMITTEE (In Full)			
INDIANA REPUBLICAN ASSETTBLY SUPERPACE			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
MOORE, SEXNIE	Primary General		
Mailing Address 2011 LANTERN ROAD	Other (specify)		
City /NO (3) APOCES State /N ZIP CO	ode U6250		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
160000	and and the second		
	Francisco Tombre Control Control		
	Advisor College St. College St		
TERMS Date Incurred Date Due	Interest Rate Secured:		
11 15 2012 12 31	2015 % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
·	Amount research experiment considerate in the research experience		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding: अन्यकारकार्यकारीकार्यकार्यकार्यकार्यकार्यकार्यकार्यकार्य		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount was a second and the second a		
City State ZIP Code	Guaranteed		
	Outstanding:		
4. Full Name (Last, First, Middle initial)	Name of Employer		
Mailing Address	Occupation		
	Amount was a proposed to the control of the control		
City State ZIP Code	Guaranteed		
	Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only).			
			
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE O

FOR LINE 13 OF FORM 3X

	<u></u>		
INDIANA REPUBLICAN ASSEMBLY SUPER DAC			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary		
BEOPGE HERMS	₹ General		
Mailing Address 259 SLOUX CIRCUE,	Other (specify)		
City DBUSILLE State /N ZIP Co	ode 46062		
Original Amount of Loan Cumulative Payment To	· · · · · · · · · · · · · · · · · · ·		
	Constitution of the second of		
TERMS Date Incurred Date Due	Interest Rate Secured:		
03 R_20B 06 30 2	% (apr) Yes TNo		
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount Instrument and particular instrument		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount description of the second seco		
	Outstanding: व्यानां का किया किया किया किया किया किया किया क		
3. Full Name (Last, First, Middle initial)	Name of Employer		
Mailing Address	Occupation		
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City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle initial)	Name of Employer		
Mailing Address	Occupation		
	Amount Esta Aport 2-consequence states placed as a second consequence supported		
City State ZIP Code	Outstanding:		
TOTALS This Period (last page in this line only)	CONTRACTOR CONTRACTOR AND ACTUAL CONTRACTOR		
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

			
NAME OF COMMITTEE (IN FUIL) INDIANA REPUBLICAN ASSEMBLY SUPER PAR			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
Brown, DONNA M	General		
Mailing Address 5729 PORT AU PRINCEAN	2 APTS Other (specify) ▼		
City INDIANAPOLIS State IN ZIP C	ode(40 224		
Original Amount of Loan Cumulative Payment To	=		
78910	127		
And the second and th	The said beautiful description of the said and the said a		
TERMS Date Incurred Date Due	Interest Rate Secured:		
06 20 20 3 67 01	2000 % (apr) Tyes No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	A		
City State ZIP Code	Amount Guaranteed		
	Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation -		
	Amount		
City State ZIP Code	Guaranteed		
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o. I dii Ivaine (cast, I list, Iviidde linida)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
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4. Full Name (Last, First, Middle Initial)	Name of Employer		
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)			
INDIONA REPUBLICAN,	ASSEMBLY SUPER PAC		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
BROWN, DONNA M	! Primary General		
ST20 PORTAN PRINCE ANK, A	Other (specify)		
City / NOINNAPOUS State / N ZIP Co	de 46224		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
15 0000	10000		
TERMS			
Date Incurred Date Incurred Date Due Interest Rate Secured Wes Yes			
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Section		
City State ZIP Code	Outstanding:		
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on, class in costs	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount Salaria Commission Commiss		
City State ZIP Code	Guaranteed		
	Outstanding: Some to reliable beautiful and the control of the con		
			
	and		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.		

1403 - 152 - 0018

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

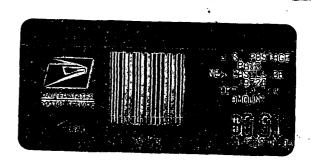
(Use separate schedule(s) for each numbered line) PAGE
FOR LINE NUMBER: (check only one)

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ΝĄ	ME OF COMMITTEE (In Full)	SUE DO DAR
1	NDIANA REPUBLICAN ASSEMBLY	were pare
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	HUYTHGTON (FIRST DATA)	DAGA TERMINAL TRANSFERFEES
	3895 S EMERSON AVE	TRAN (FERLECES)
	City State IN Zip Code 140203	3. 3.
	Outstanding Balance Beginning This Period	·
	ZIIO O Q	
	Consideration Continues and Consideration of the Co	Outstanding Relance at Class of This Regard
	Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
		51000
!	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	Mailing Address	
٠,	Mailing Address	·
1	City State Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
	- recommended to the commendation of the content of	्य प्राच्या स्थानकार कार्य में कार्य
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	Mailing Address	
	maining rideress	
	City State Zip Code	
•		
	Outstanding Balance Beginning This Period	
	Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
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	r remainment and the second the second secon	ास्त्रकारमञ्जूष्याच्याकारे । स्वास्त्रमञ्जूष्याच्याचे १ त्याचीत्रीत्याच्याच्याच्याच्याच्याच्याच्याच्याच्या
1)	SUBTOTALS This Period This Page (optional)	SIGOS SERVICION DE LA COMPANION DE LA COMPANIO
2)	TOTALS This Period (last page this line number only)	31600
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	165267
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	reconstructive and reconstructive constructive constructi

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered

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	Postmarked
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business D	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
Hel	10/20/14
PREPARER	DATE PREPARED

(8/2013)